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During the past week several passengers arrived showing unmistakable signs of having lately had confluent smallpox, and all such who have no certificate that their baggage has been disinfected are obliged to have it done immediately on the spot.

I am, sir, very respectfully,

E. ALEXANDER,

*Sanitary Inspector, U. S. M. H. S.*

The SUPERVISING SURGEON GENERAL,

*U. S. Marine-Hospital Service.*

#### TURKEY.

##### *Sanitary report from Constantinople.*

[Report No. 185.]

CONSTANTINOPLE, *February 9, 1898.*

SIR: I have already reported the decision of the International Sanitary Commission, according to which the arrivals from the Persian Gulf, as well as from Mascate, have to undergo a ten days' quarantine at the lazarettos of Bassorah, of Agir, or of that of Camaran. In consequence of said decision, the British sanitary representative, as well as the Persian one, have protested, alleging that it is against the sanitary regulations to submit to quarantine the arrivals from countries where no epidemic disease exists; that according to official reports written by Ottoman sanitary officials the arrivals from Bassorah are submitted in Persia to sanitary regulations, that the British authorities in India take all the necessary steps in order to prevent the spread of the plague epidemic, and finally that said quarantine is a useless hindrance to trade.

The Ottoman members of the International Sanitary Commission have declared they can not rely on the efficiency of the Persian sanitary regulations. "We can not rely," they have said, "on the Ottoman sanitary institutions of Bassorah, where there exist officials appointed by the International Sanitary Commission in Constantinople. How can we rely on the execution of sanitary steps in Persia, where there does not exist any sanitary institution?" The reply of the British sanitary representative was that the International Sanitary Commission must not rely on what the sanitary physician of Bassorah writes. According to what the British consul of Bassorah has stated the sanitary station of the latter town is in a deplorable condition. There exists there a great confusion, which has never been seen up to this date. Unhappily, I can not but agree with him, knowing the value of the physicians who are appointed in the sanitary service of the Ottoman Empire. It is opportune to report that, according to the statements of the Russian sanitary representative, we must not rely at all on what the sanitary physicians state in their reports. The sanitary physician in the province of Assyr, for instance, forwards every month a report of no more than four lines long, in which he always states that public health in that province is good. The Russian sanitary representative communicated in the last sitting that sanitary reports which have been received at the Russian embassy state that bubonic plague exists in the latter province. Complaints have been uttered against said sanitary physician, whose reports are worthless, but to these complaints the vice-president has replied that said reports are perfectly well written and that we can not expect better written reports.

The sanitary news received from Bombay states that during the week ended the 30th of last January, 901 plague deaths had been registered.

In Constantinople there are many cases of influenza, or la grippe. There are many cases of broncho-pneumonia, especially among the children, and many of said cases prove fatal.

During the fortnight from the 25th of last January to the 6th instant, 698 deaths have been registered in Constantinople. Of these deaths, 2 were caused by scarlet fever, 6 by measles, 8 by typhoid fever, 15 by diphtheria, and 26 by smallpox.

SPIRIDION C. ZAVITZIANO,  
*United States Sanitary Commissioner.*

The SUPERVISING SURGEON-GENERAL,  
*U. S. Marine-Hospital Service.*

#### STATISTICAL REPORTS.

CUBA—*Manzanillo*.—Two weeks ended February 14, 1898. Estimated population, 20,000. Total deaths, 68, including 3 from enteric fever.

INDIA—*Singapore*.—Month of December, 1897. Estimated population, 97,111. Total deaths, 372, including phthisis pulmonalis, 93; beriberi, 92, and cholera, 1.

GREAT BRITAIN—*England and Wales*.—The deaths registered in 33 great towns in England and Wales during the week ended February 12 correspond to an annual rate of 20.7 a thousand of the aggregate population, which is estimated at 11,218,378. The highest rate was recorded in Plymouth, viz, 26.3, and the lowest in Croydon, viz, 11.3.

*London*.—One thousand nine hundred and twenty-two deaths were registered during the week, including measles, 87; scarlet fever, 19; diphtheria, 45; whooping cough, 67; enteric fever, 6, and diarrhea and dysentery, 12. The deaths from all causes correspond to an annual rate of 22.2 a thousand. In greater London 2,414 deaths were registered, corresponding to an annual rate of 19.6 a thousand of the population. In the "outer ring" the deaths included 22 from diphtheria, 10 from measles and 8 from whooping cough.

*Ireland*.—The average annual death rate represented by the deaths registered during the week ended February 12 in the 23 principal town districts of Ireland was 30.2 a thousand of the population. The lowest rate was recorded in Carrickfergus, viz, 0.0, and the highest in Kilkenny, viz, 47.2 a thousand. In Dublin and suburbs 234 deaths were registered, including enteric fever, 7; scarlet fever, 3; whooping cough, 2, and 2 from diphtheria.

*Scotland*.—The deaths registered in 8 principal towns during the week ended February 12 correspond to an annual rate of 20.1 a thousand of the population, which is estimated at 1,568,536. The lowest mortality was recorded in Perth, viz, 15.3, and the highest in Glasgow, viz, 22.4 a thousand. The aggregate number of deaths registered from all causes was 607, including measles, 12; scarlet fever, 6; diphtheria, 6, and whooping cough, 21.

JAMAICA.—Two weeks ended February 5, 1898. Estimated popula-